

## Appendix E – Service Codes

### Service Coding Instructions for the Event Data Set

#### UPDATES:

NOTE: Medicaid Service codes / crosswalk has not been updated in several years

Services are identified in the Event Data Set using fields SV101(2) [~~FA0-9~~ (HCPCS Procedure Code)] and NTE02 [~~FA0-12~~ (DMHMRS Service Code)]. Since we collect information for all payer sources, we must utilize both of the fields to get all of the detail that we need.

#### Coding Services

Case #1: Primary Payer is DMHMRS (“Y”)

SV101(2): leave blank, enter a valid CPT code, or enter the same code as NTE02  
NTE02: Must contain a valid two-digit DMHMRS service code (see listing page AE-3)

Case #2: Primary Payer is Medicaid (“D”)

SV101(2): Enter a valid Medicaid Code (see listing page AE-5)  
NTE02: Enter either  
1) a valid DMHMRS Service code which is equivalent to the code entered in SV101(2) (see crosswalk page AE-5)  
2) Code ‘99’ to signify that the code entered in SV101(2) is descriptive of the service

Case #3: Other Primary Payer

SV101(2): Enter a valid CPT Service Code (see Appendix D)  
NTE02: Must contain a valid two-digit DMHMRS service code (see listing page AE-3)

#### Coding Payers

Due to the many different programs now being funded through Medicaid and DMHMRS, new codes may need to be added to fields SBR09 or NTE02 [~~DA0-5~~ (Source of Pay)] and NTE02 [~~DA0-6~~ (Insurance Type Code)] to properly determine the payer.

## Units of Service

1 Client Day: A client day shall begin at midnight and end 24 hours later. A part-day of admission shall count as a full day.

1 Client Hour: A client hour shall start when a face-to-face contact starts and shall end 60 minutes later for the initial unit. Beyond the initial unit, less than thirty (30) minutes shall be rounded down; thirty minutes or later shall be rounded up. Example: Actual time 1 hour and 20 minutes = 1 hour.

¼ Client Hour: A client quarter hour shall start when a face-to-face contact starts. For those services where a unit of service is 15 minutes, the time may be rounded up or down. An initial unit of service less than 15 minutes may be billed as one unit. Beyond the initial unit, service times less than half the unit shall be rounded down; service time equal to or greater than half the unit shall be rounded up. Example: 20 minutes equals one unit. 25 minutes equals two units.

¼ Staff Hour: A staff quarter hour shall start when the service begins. For those services where a unit of service is 15 minutes, the time may be rounded up or down. An initial unit of service less than 15 minutes may be billed as one unit. Beyond the initial unit, service times less than half the unit shall be rounded down; service time equal to or greater than half the unit shall be rounded up.

1 Staff Hour: A staff hour shall start when the service begins and shall end 60 minutes later for the initial unit. Beyond the initial unit, less than thirty (30) minutes shall be rounded down; thirty minutes or more shall be rounded up.

### Special Units:

Case Management Adult MH (60): A unit of service shall be one month; for a billable service to have occurred, at least 4 service contacts shall have occurred. Two of the contacts shall be face-to-face with the client. The other two contacts may be face-to-face or by telephone with or on behalf of the client.

Case Management Children MH (61): A unit of service shall be one month. For a billable service to have occurred, at least 4 service contacts shall have occurred. Two of the contacts shall be face-to-face with the client; at least one of these contacts shall be with the child and the other shall be with the family, parent(s), or person in custodial control. The other two contacts may be face-to-face or by telephone with or on behalf of the child.

### Notes:

When submitting Event Data for a service, all units for that service date shall be reported on one line of the Event Data Set.

Example: A service is provided to a client for one hour. The unit of service for that service is 1/4 hour. The event should be reported on one line as 4 units of service (the client received 4 ¼-hour units).

**For the DMHMRS Service Code Listing report, go to [http://mhmr.ky.gov/cmhc/cmhc\\_data\\_guide.asp](http://mhmr.ky.gov/cmhc/cmhc_data_guide.asp) in the Reports drop-down box**

## Medicaid Service Codes/Crosswalk

NOTE: This Medicaid Service codes / crosswalk has not been updated in several years

| <b>Medicaid Code</b> | <b>Medicaid Program</b>        | <b>Description</b>                 | <b>Unit</b> | <b>Equivalent DMHMRS Service Code</b> |
|----------------------|--------------------------------|------------------------------------|-------------|---------------------------------------|
| WB002                | SA                             | SA Assessment                      | 1/4 hour    | 01                                    |
| WB005                | SA                             | Psychological Testing (SA)         | 1/4 hour    | 20                                    |
| WB200                | SA                             | Universal Prevention               | 1/4 hour    |                                       |
| WB230                | SA                             | Selective Prevention               | 1/4 hour    |                                       |
| WB231                | SA                             | Indicated Prevention               | 1/4 hour    |                                       |
| WB232                | SA                             | Case Management (SA)               | 1/4 hour    | 63                                    |
| WB233                | SA                             | Community Support (SA)             | 1/4 hour    |                                       |
| WB234                | SA                             | Universal Prevention               | 1/4 hour    |                                       |
| WB235                | SA                             | Selective Prevention               | 1/4 hour    |                                       |
| WB236                | SA                             | Indicated Prevention               | 1/4 hour    |                                       |
| WB500                | SA                             | Psychiatric Evaluation (SA)        | 1/4 hour    | 51                                    |
| WB505                | SA                             | Medication Management (SA)         | 1/4 hour    | 51                                    |
| WB506                | SA                             | Collateral Services (SA)           | 1/4 hour    | 51                                    |
| WB507                | SA                             | OP - Individual Therapy (SA)       | 1/4 hour    | 51                                    |
| WB508                | SA                             | OP - Group Therapy (SA)            | 1/4 hour    | 52                                    |
| WB509                | SA                             | Family Therapy (SA)                | 1/4 hour    | 51                                    |
| WB510                | SA                             | Intensive OP                       | 1/4 hour    | 53                                    |
| WB511                | SA                             | Day Rehabilitation                 | 1 hour      |                                       |
| WB512                | SA                             | Universal Prevention               | 1/4 hour    |                                       |
| WB513                | SA                             | Selective Prevention               | 1/4 hour    |                                       |
| WB515                | SA                             | Indicated Prevention               | 1/4 hour    |                                       |
| WB516                | SA                             | Medication Management (SA)         | 1/4 hour    | 50                                    |
| WB520                | SA                             | Collateral Services (SA)           | 1/4 hour    | 50                                    |
| WB521                | SA                             | OP - Individual Therapy (SA)       | 1/4 hour    | 50                                    |
| WB522                | SA                             | OP - Group Therapy (SA)            | 1/4 hour    | 52                                    |
| WB523                | SA                             | Family Therapy (SA)                | 1/4 hour    | 50                                    |
| WB524                | SA                             | Intensive OP                       | 1/4 hour    | 53                                    |
| WB525                | SA                             | Day Rehabilitation                 | 1 hour      |                                       |
| WB526                | SA                             | Medication Management (SA)         | 1/4 hour    | 50                                    |
| WB600                | SA                             | SA Assessment                      | 1/4 hour    | 01                                    |
| WB601                | SA                             | Collateral Services                | 1/4 hour    | 50                                    |
| WB602                | SA                             | Individual Therapy                 | 1/4 hour    | 50                                    |
| WB603                | SA                             | OP - Group Therapy (SA)            | 1/4 hour    | 52                                    |
| WB604                | SA                             | Family Therapy                     | 1/4 hour    | 50                                    |
| WB605                | SA                             | Intensive OP                       | 1/4 hour    | 53                                    |
| WB609                | SA                             | Day Rehabilitation                 | 1 hour      |                                       |
| X0010                | TITLE XIX                      | Inpatient Follow-up                | 1/4 hour    | 50                                    |
| X0020                | TITLE XIX                      | Therapeutic Rehabilitation (Adult) | 1 hour      | 30                                    |
| X0021                | TITLE XIX                      | Children's Day Service             | 1 hour      | 28                                    |
| X0030                | TITLE XIX                      | Personal Care Home                 | 1/4 hour    | 50, 52                                |
| X0040                | TITLE XIX                      | Emergency                          | 1/4 hour    | 50                                    |
| X0050                | Title XIX/IMPACT Plus Services | OP - Individual Therapy            | 1/4 hour    | 01, 50, 83                            |
| X0051                | Title XIX/IMPACT Plus Services | OP - Group Therapy                 | 1/4 hour    | 52, 83                                |

|       |                                       |  |          |                            |
|-------|---------------------------------------|--|----------|----------------------------|
| X0054 | <b>TITLE XIX</b>                      | OP/Psychological Exam (Psychologist only)      | 1/4 hour | 20                         |
| X0057 | <b>TITLE XIX</b>                      | OP/Family Therapy                              | 1/4 hour | 50                         |
| X0058 | <b>IMPACT Plus Services</b>           | OP - Collateral Service                        | 1/4 hr   | 50, 83                     |
| X0059 | <b>TITLE XIX</b>                      | OP/Intensive In-Home (under 21)                | 1/4 hour | 2                          |
| X0060 | <b>IMPACT Plus Services</b>           | Home Visits                                    | 1 hr     | 83                         |
| X0061 | <b>SCL</b>                            | Staffed Residence                              | 1 day    | 40                         |
| X0063 | <b>ABI</b>                            | Respite  | 1 hour   |                            |
| X0063 | <b>SCL</b>                            | Respite  | 1/4 hour | 31                         |
| X0064 | <b>Title XIX/IMPACT Plus Services</b> | Targeted Case Management                       | 1 month  | 60 (Adult), 61 (Child), 83 |
| X0066 | <b>SCL</b>                            | Adult Foster Care                              | 1 day    |                            |
| X0072 | <b>IMPACT Plus Services</b>           | Partial Hospitalization                        | 1 hr     |                            |
| X0073 | <b>IMPACT Plus Services</b>           | Day Treatment                                  | 1 hr     | 28 (Child), 81             |
| X0076 | <b>ABI/SCL</b>                        | Support Coordination                           | 1 month  | 62, 83                     |
| X0078 | <b>ABI/SCL</b>                        | Pre-Vocational                                 | 1/4 hour | 78                         |
| X0079 | <b>ABI/SCL</b>                        | Supported Employment                           | 1/4 hour | 85                         |
| X0080 | <b>ABI</b>                            | Intensive Outpatient Behavioral Health         | 1 hr     | 54                         |
| X0080 | <b>IMPACT Plus Services/SCL</b>       | Behavior Programming                           | 1/4 hour | 84                         |
| X0081 | <b>IMPACT Plus Services</b>           | Residential Crisis Stabilization               | 1 day    |                            |
| X0081 | <b>SCL</b>                            | Psychological Services                         | 1/4 hour | 20                         |
| X0082 | <b>ABI/SCL</b>                        | Occupational Therapy                           | 1/4 hour | 87                         |
| X0083 | <b>ABI/SCL</b>                        | Speech Therapy                                 | 1/4 hour | 89                         |
| X0084 | <b>SCL</b>                            | Physical Therapy                               | 1/4 hour | 88                         |
| X0086 | <b>IMPACT Plus Services</b>           | After School or Summer Program                 | 1 hr     | 29                         |
| X0087 | <b>IMPACT Plus Services</b>           | Wilderness Camp                                | 1 camp   |                            |
| X0088 | <b>SCL</b>                            | Group Home                                     | 1 day    | 40                         |
| X0089 | <b>IMPACT Plus Services/SCL</b>       | Therapeutic Foster Care/Family Home            | 1 day    | 27,40                      |
| X0090 | <b>SCL</b>                            | Community Habilitation                         | 1/4 hour | 81                         |
| X0091 | <b>SCL</b>                            | Community Living Supports                      | 1/4 hour | 79                         |
| X0095 | <b>ABI</b>                            | Environmental Modification                     | 1 mod    |                            |
| X0096 | <b>ABI</b>                            | Companion                                      | 1/4 hour |                            |
| X0097 | <b>ABI</b>                            | Counseling and Training                        | 1/4 hour |                            |
| X0098 | <b>ABI</b>                            | Structured Day Program                         | 1 hour   |                            |
| X0099 | <b>ABI/SCL</b>                        | Specialized Medical Equipment and Supplies     | 1 item   | 25                         |
| X0100 | <b>ABI</b>                            | Community Residential Service                  | 8 hrs    |                            |
| X0101 | <b>ABI</b>                            | Community Residential Service                  | 16 hrs   |                            |
| X0102 | <b>ABI</b>                            | Community Residential Service                  | 24 hrs   |                            |
| X0103 | <b>SCL</b>                            | Adult Foster Care                              | 1 day    |                            |
| X0110 | <b>TITLE XIX</b>                      | Inpatient Follow-up - Psychiatrist             | 1/4 hour | 51                         |
| X0111 | <b>TITLE XIX</b>                      | Inpatient Initial - Psychiatrist               | 1/4 hour | 51                         |
| X0120 | <b>TITLE XIX</b>                      | Adult Therapeutic Rehabilitation -Psychiatrist | 1 hour   | 30                         |
| X0121 | <b>TITLE XIX</b>                      | Children's Day Service - Psychiatrist          | 1 hour   | 28                         |

|       |                             |  |          |    |
|-------|-----------------------------|--|----------|----|
| X0130 |                             | Personal Care Home - Psychiatrist            | 1/4 hour | 52 |
| X0140 |                             | Emergency - Psychiatrist                     | 1/4 hour | 51 |
| X0150 | <b>TITLE XIX</b>            | OP/Individual Therapy - Psychiatrist         | 1/4 hour | 51 |
| X0151 | <b>TITLE XIX</b>            | OP/Group Therapy - Psychiatrist              | 1/4 hour | 52 |
| X0151 | <b>TITLE XIX</b>            | OP - ARNP                                    | 1/4 hour | 51 |
| X0152 |                             | OP/Psych Evaluation - Psychiatrist           | 1/4 hour | 10 |
| X0153 |                             | OP/Physical Exam - Psychiatrist              |          |    |
| X0155 |                             | OP/Detox Unit - Psychiatrist                 | 1/4 hour | 51 |
| X0156 |                             | OP which includes chemo. - Psychiatrist      | 1/4 hour | 51 |
| X0157 |                             | OP/Family Therapy - Psychiatrist             | 1/4 hour | 51 |
| X0158 |                             | OP/Collateral Svcs (under 21) - Psychiatrist | 1/4 hour | 51 |
| X0159 |                             | Intensive In-Home - Psychiatrist             |          |    |
| XH100 | <b>IMPACT Plus Services</b> | Behavioral Health Evaluation                 | 1 hr     |    |
| XL307 | <b>ABI</b>                  | Personal Care                                | 1/4 hour |    |
| XR000 | <b>HCB Waiver SVCs</b>      | Adult Day Health Care                        | 3 hours  |    |

## Medicaid Service Codes/Crosswalk by Medicaid Program

### Title XIX Fee for Service Cost Centers

| Medicaid Code | Description                                    | Unit     | Equivalent DMHMRS Service Code |
|---------------|--|----------|--------------------------------|
| X0010         | Inpatient Follow-up                            | 1/4 hour | 50                             |
| X0020         | Therapeutic Rehabilitation (Adult)             | 1 hour   | 30                             |
| X0021         | Children's Day Service                         | 1 hour   | 28                             |
| X0030         | Personal Care Home                             | 1/4 hour | 50, 52                         |
| X0040         | Emergency                                      | 1/4 hour | 50                             |
| X0050         | OP - Individual Therapy                        | 1/4 hour | 01, 50, 83                     |
| X0051         | OP - Group Therapy                             | 1/4 hour | 52, 83                         |
| X0054         | OP/Psychological Exam (Psychologist only)      | 1/4 hour | 20                             |
| X0057         | OP/Family Therapy                              | 1/4 hour | 50                             |
| X0059         | OP/Intensive In-Home (under 21)                | 1/4 hour | 2                              |
| X0064         | Targeted Case Management                       | 1 month  | 60 (Adult), 61 (Child), 83     |
| X0110         | Inpatient Follow-up - Psychiatrist             | 1/4 hour | 51                             |
| X0111         | Inpatient Initial - Psychiatrist               | 1/4 hour | 51                             |
| X0120         | Adult Therapeutic Rehabilitation -Psychiatrist | 1 hour   | 30                             |
| X0121         | Children's Day Service - Psychiatrist          | 1 hour   | 28                             |
| X0150         | OP/Individual Therapy - Psychiatrist           | 1/4 hour | 51                             |
| X0151         | OP/Group Therapy - Psychiatrist                | 1/4 hour | 52                             |
| X0151         | OP - ARNP                                      | 1/4 hour | 51                             |

### SA Pregnant Women Services

| Medicaid Code | Description                  | Unit     | Equivalent DMHMRS Service Code |
|---------------|------------------------------|----------|--------------------------------|
| WB002         | SA Assessment                | 1/4 hour | 01                             |
| WB005         | Psychological Testing (SA)   | 1/4 hour | 20                             |
| WB200         | Universal Prevention         | 1/4 hour |                                |
| WB230         | Selective Prevention         | 1/4 hour |                                |
| WB231         | Indicated Prevention         | 1/4 hour |                                |
| WB232         | Case Management (SA)         | 1/4 hour | 63                             |
| WB233         | Community Support (SA)       | 1/4 hour |                                |
| WB234         | Universal Prevention         | 1/4 hour |                                |
| WB235         | Selective Prevention         | 1/4 hour |                                |
| WB236         | Indicated Prevention         | 1/4 hour |                                |
| WB500         | Psychiatric Evaluation (SA)  | 1/4 hour | 51                             |
| WB505         | Medication Management (SA)   | 1/4 hour | 51                             |
| WB506         | Collateral Services (SA)     | 1/4 hour | 51                             |
| WB507         | OP - Individual Therapy (SA) | 1/4 hour | 51                             |
| WB508         | OP - Group Therapy (SA)      | 1/4 hour | 52                             |
| WB509         | Family Therapy (SA)          | 1/4 hour | 51                             |
| WB510         | Intensive OP                 | 1/4 hour | 53                             |
| WB511         | Day Rehabilitation           | 1 hour   |                                |
| WB512         | Universal Prevention         | 1/4 hour |                                |
| WB513         | Selective Prevention         | 1/4 hour |                                |
| WB515         | Indicated Prevention         | 1/4 hour |                                |

|       |                              |          |    |
|-------|------------------------------|----------|----|
| WB516 | Medication Management (SA)   | 1/4 hour | 50 |
| WB520 | Collateral Services (SA)     | 1/4 hour | 50 |
| WB521 | OP - Individual Therapy (SA) | 1/4 hour | 50 |
| WB522 | OP - Group Therapy (SA)      | 1/4 hour | 52 |
| WB523 | Family Therapy (SA)          | 1/4 hour | 50 |
| WB524 | Intensive OP                 | 1/4 hour | 53 |
| WB525 | Day Rehabilitation           | 1 hour   |    |
| WB526 | Medication Management (SA)   | 1/4 hour | 50 |
| WB600 | SA Assessment                | 1/4 hour | 01 |
| WB601 | Collateral Services          | 1/4 hour | 50 |
| WB602 | Individual Therapy           | 1/4 hour | 50 |
| WB603 | OP - Group Therapy (SA)      | 1/4 hour | 52 |
| WB604 | Family Therapy               | 1/4 hour | 50 |
| WB605 | Intensive OP                 | 1/4 hour | 53 |
| WB609 | Day Rehabilitation           | 1 hour   |    |

#### **SCL Fee for Service Cost Centers**

| <b>Medicaid Code</b> | <b>Description</b>                         | <b>Unit</b> | <b>Equivalent DMHMRS Service Code</b> |
|----------------------|--|-------------|---------------------------------------|
| X0061                | Staffed Residence                          | 1 day       | 40                                    |
| X0063                | Respite                                    | 1/4 hour    | 31                                    |
| X0066                | Adult Foster Care                          | 1 day       |                                       |
| X0076                | Support Coordination                       | 1 month     | 62, 83                                |
| X0078                | Prevocational                              | 1/4 hour    | 78                                    |
| X0079                | Supported Employment                       | 1/4 hour    | 85                                    |
| X0080                | Behavior Programming                       | 1/4 hour    | 84                                    |
| X0081                | Psychological Services                     | 1/4 hour    | 20                                    |
| X0082                | Occupational Therapy                       | 1/4 hour    | 87                                    |
| X0083                | Speech Therapy                             | 1/4 hour    | 89                                    |
| X0084                | Physical Therapy                           | 1/4 hour    | 88                                    |
| X0088                | Group Home                                 | 1 day       | 40                                    |
| X0089                | Therapeutic Foster Care/Family Home        | 1 day       | 27,40                                 |
| X0090                | Community Habilitation                     | 1/4 hour    | 81                                    |
| X0091                | Community Living Supports                  | 1/4 hour    | 79, 86                                |
| X0099                | Specialized Medical Equipment and Supplies | 1 item      | 25                                    |

**IMPACT Plus Services**

| <b>Medicaid Code</b> | <b>Description</b>                  | <b>Unit</b> | <b>Equivalent DMHMRS Service Code</b> |
|----------------------|-------------------------------------|-------------|---------------------------------------|
| X0050                | OP - Individual Therapy             | 1/4 hour    | 01, 50, 83                            |
| X0051                | OP - Group Therapy                  | 1/4 hour    | 52, 83                                |
| X0058                | OP - Collateral Service             | 1/4 hr      | 50, 83                                |
| X0060                | Home Visits                         | 1 hr        | 83                                    |
| X0064                | Targeted Case Management            | 1 month     | 60 (Adult), 61 (Child), 83            |
| X0072                | Partial Hospitalization             | 1 hr        |                                       |
| X0073                | Day Treatment                       | 1 hr        | 28 (Child), 81                        |
| X0080                | Behavior Programming                | 1/4 hour    | 84                                    |
| X0081                | Residential Crisis Stabilization    | 1 day       |                                       |
| X0086                | After School or Summer Program      | 1 hr        | 29                                    |
| X0087                | Wilderness Camp                     | 1 camp      |                                       |
| X0089                | Therapeutic Foster Care/Family Home | 1 day       | 27,40                                 |
| XH100                | Behavioral Health Evaluation        | 1 hr        |                                       |

**Acquired Brain Injury Services**

| <b>Medicaid Code</b> | <b>Description</b>                         | <b>Unit</b> | <b>Equivalent DMHMRS Service Code</b> |
|----------------------|--|-------------|---------------------------------------|
| X0063                | Respite                                    | 1 hour      |                                       |
| X0076                | Support Coordination                       | 1 month     | 62, 83                                |
| X0078                | Prevocational                              | 1/4 hour    | 78                                    |
| X0079                | Supported Employment                       | 1/4 hour    | 85                                    |
| X0080                | Intensive Outpatient Behavioral Health     | 1 hr        | 54                                    |
| X0082                | Occupational Therapy                       | 1/4 hour    | 87                                    |
| X0083                | Speech Therapy                             | 1/4 hour    | 89                                    |
| X0095                | Environmental Modification                 | 1 mod       |                                       |
| X0096                | Companion                                  | 1/4 hour    |                                       |
| X0097                | Counseling and Training                    | 1/4 hour    |                                       |
| X0098                | Structured Day Program                     | 1 hour      |                                       |
| X0099                | Specialized Medical Equipment and Supplies | 1 item      | 25                                    |
| X0100                | Community Residential Service              | 8 hrs       |                                       |
| X0101                | Community Residential Service              | 16 hrs      |                                       |
| X0102                | Community Residential Service              | 24 hrs      |                                       |
| XL307                | Personal Care                              | 1/4 hour    |                                       |



## DMHMRS Service Code Definitions and Crosswalk

### Term definitions:

**Case management** brings services, agencies, resources or people together to help an individual achieve his or her goals.

**Family residential programs** offer a variety of therapeutic activities provided in an environment where an individual and her children reside 24 hour hours a day.

**Intensive outpatient** is a comprehensive program of individual and group counseling. Intensive outpatient programs range from 6-12 hours per week, and are typically offered 2-4 days per week.

**Narcotic treatment programs** use approved controlled substances for opiate replacement therapy and offers a range of treatment services for individuals dependent on opiate drugs.

**Non-medical detoxification** involves supervised withdrawal from alcohol or other drugs and an assessment of the individual's need for further care. A recommendation for further care can result in a referral to an appropriate program.

**Outpatient programs** include individual, marital, family or group therapy.

**Residential programs** include a variety of therapeutic activities provided in an environment where an individual resides 24 hour hours a day. Residential programs for adults range from 2-4 weeks. Adolescent residential programs are typically several months in length.

**Residential transitional programs**, also known as "half-way houses," are long term residential programs in which the primary focus is assisting the individual obtain employment and adjust to community life.

## DMHMRS Service Code Definitions and Crosswalk

### **01: Diagnostic Interview**

Unit of Service: ¼ hour

Definition: Assessment by a qualified professional other than a psychiatrist (if done by psychiatrist, use modifier 10) during the intake process and includes one or more of the following-history, mental status exam, psychosocial, or assessment of other socio-economic needs/services.

### **02: Intensive In-Home**

Unit of Service: ¼ hour

Definition: Provision of face-to-face therapeutic services to a client and his family, primarily in the home, with the goal of preventing out-of-home placement by teaching problem solving skills, behavior strategies, normalization activities and other treatment modalities as appropriate.

### **03: Assessment DUI**

Unit of Service: 1 Assessment

Definition: Procedure applied to a person convicted of DUI that includes the administration of a computerized assessment instrument; a structured interview; a determination by the assessor of the clients substance abuse, education or treatment needs; a discussion of available options; to receive these needed services and referral to services that provide an appropriate level of care in relation to the clients needs as determined by the assessment.

### **04: PASRR – Level II Evaluation**

Unit of Service: ¼ hour

Definition: A comprehensive Level II evaluation conducted by a certified evaluator for the individual with a mental illness, mental retardation, or related condition who is seeking admission to or continued stay in a Medicaid-certified nursing facility, or who requires a subsequent review because of a significant change in condition. The evaluation shall determine: (a) whether the person needs nursing facility level of care and (b) if so, whether the person needs specialized services for mental illness or mental retardation.

### **~~05: Assessment PASRR – Subsequent Review – deleted FY2002~~**

~~Units of Service: ¼ hour~~

### **06: Consultation PASRR**

Unit of Service: ¼ hour

Definition: A consultation contact is a brief face-to-face or telephone conversation between the nursing facility and Center PASRR staff, that does not lead to a PASRR evaluation. Consultation contacts are designed to eliminate unnecessary referrals.

**07: ~~Appointment Postponed - Client request - new FY2008~~ Dropped FY2009 (never used)**

~~Unit of Service: 1 postponement~~

~~Definition: Used when a client is unable to attend a scheduled appointment. Primarily intended to keep from having to "discharge" a SA / TEDS client when the missed appointment would have caused a gap of more than 30 days between SA services. Only one postponed appointment will be allowed between actual services.~~

**08: ~~Appointment Postponed - Clinician request - new FY2008~~ Dropped FY2009 (never used)**

~~Unit of Service: 1 postponement~~

~~Definition: Used when a clinician is unable to attend a scheduled appointment with a client. Primarily intended to keep from having to "discharge" a SA / TEDS client when the missed appointment would have caused a gap of more than 30 days between SA services. Only one postponed appointment will be allowed between actual services.~~

**10: Psychiatric Diagnostic Evaluation**

Unit of Service: ¼ hour

Definition: Psychiatric diagnostic interview and examination including history, mental status, or disposition, may include communication with family or other sources, ordering and medical interpretation of laboratory or other medical diagnostic studies. Includes diagnostic review of medications, diagnostic review and interpretation of Physical Examination from outside physician. Does not include consultation for psychiatric evaluation of a patient.

**11: Medical Evaluation**

Unit of Service: ¼ hour

Definition: Interactive medical and psychiatric diagnostic interview and examination. In addition to procedures under modifier 10, may include diagnostic procedures which predominately use physical aids and non-verbal communication to overcome barriers to therapeutic interaction between the physician and the patient who has lost, or not yet developed either the expressive language communication skills to explain his symptoms and response to treatment or the receptive communication skills to understand the physician if he were to use ordinary adult language for communication.

**12: Psychiatric Evaluation of Records**

Unit of Service: ¼ hour

Definition: Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests and other accumulated data for medical diagnostic purposes.

**13: Psychiatric Report Preparation**

Unit of Service: ¼ hour

Definition: Preparation of report of patients psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other physicians, agencies, or insurance carriers.

**20: Psychological Testing**

Unit of Service: ¼ hour

Definition: Psychological evaluation.

**21: Specialized Evaluation and Consultation (IFBSS)**

Unit of Service: ¼ hour

Definition: Specialized evaluation and consultation that are normally supplied by providers other than Community Mental Health Centers to staff, clients and/ or client families; appropriate when no other payer source is available. This service does not include therapy, but may include a wide range of evaluations and/ or consultations, including those related to speech and hearing, occupational therapy, physical therapy, hospital discharge planning, sexual and domestic violence issues, a neurological assessment or a behavioral consultation.

**22: Intervention Services (IFBSS - "Family Support Service")**

Unit of Service: ¼ hour

Definition: An array of services, supports, and interventions designed to improve social skills, provide mentors, and meet the needs for family relief. These services are provided for the care of children with severe emotional disability and children with complex treatment needs. This includes care provided under 24 hours and with no overnight stay. (NOTE: If the primary purpose is to relieve family then this service is not billed to Medicaid. Otherwise, the array of services may be charged to Medicaid.)

**23: Intervention Services (IFBSS - "Overnight Care")**

Unit of Service: ¼ hour

Definition: Residential treatment/care provided because of scheduled or emergency need for overnight care of children with severe emotional disability and children with complex treatment needs. Services may include behavior management, social and family-living training, assessment & evaluation, emergency intervention, or linkages with community resources. Settings for these services may include a trained foster care, licensed shelter, or crisis stabilization unit.

**24: Miscellaneous Services Purchased**

Unit of Service: 1 Service

Definition: Services purchased to allow an individual to maintain a stable living environment in the community.

Special Notes:

1. When a service is purchased that is applicable to multiple individuals and cannot reasonably be broken down to report a service for each individual (such as a movie rental for several individuals), report one unit of service using a Pseudo Number and Client Status = 3 in Client Data Set field 6.

2. You may report IFBSS service units in the Event Data Set if you so choose; however, this is optional. All Centers must report the IFBSS services using the current paper reporting system that collects financial information as well as units of service.

**25: Miscellaneous Goods Purchased**

Unit of Service: 1 purchase

Definition: Tangible items purchased to allow an individual to maintain a stable living environment in the community. Note: Includes adult mental health case management wraparound services to provide non-recurring costs of goods necessary for a stable living environment in the community for which no other method of payment is available.

Special Notes:

1. When a good is purchased that is applicable to multiple individuals and cannot reasonably be broken down to report a good for each individual (such as a pizza for several individuals), report one unit of service using a Pseudo Number and Client Status = 3 in Client Data Set field 6.
2. You may report IFBSS service units in the Event Data Set if you so choose; however, this is optional. All Centers must report the IFBSS services using the current paper reporting system that collects financial information as well as units of service.

**~~26: Therapeutic Child Support – deleted FY2002~~**

~~Unit of Service: ¼ hour~~

**27: Therapeutic Foster Family Treatment**

Unit of Service: 1 Day

Definition: Long-term residential treatment for children with emotional disabilities in a trained foster family setting under the regular supervision of a clinician. Services include behavior management and social and family-living skills training. Includes IMPACT Plus Therapeutic Foster Care.

**28: Therapeutic Rehabilitation Services (Children - Day Treatment)**

Unit of Service: 1 Hour

Definition: A goal oriented program for children under age eighteen (18) or under age twenty one- (21) if admitted before age 18, who have a mental health diagnosis and who require more than intermittent outpatient service. Therapeutic rehabilitation designed to be an effective daily intervention plan to develop, enhance, and maintain social, personal adjustment, and daily living skills, as well as the child's self-esteem and supplementing clinical services such as individual, group and family therapy. Services to assist the child in developing a healthy self-concept and to develop the ability to function in the community.

Day treatment program- mental health professionals collaborate with educators to augment full day, self-contained special education services provided to children identified by schools as educationally or behaviorally disabled

**29: Therapeutic Rehabilitation Svcs (Children - After School Program)**

Unit of Service: 1 Hour

Definition: see modifier 28

After-school program- mental health professionals & paraprofessionals provide therapeutic activity after school hours for children with severe emotional disabilities to supplement EBD programming in the school.

**30: Therapeutic Rehabilitation Services (Adults)**

Unit of Service: 1 Hour

Definition: Includes therapeutic rehabilitation services intended to assure that a person with a psychiatric disability possesses those physical, emotional, and intellectual skills to live, learn and work in his own particular environment.

**31: Respite Care -Hourly - changed FY 2003**

Unit of Service: 1/4 Hour

Definition: Care provided to individuals unable to care for themselves, furnished on a short-term basis because of the absence or need for relief of those persons providing the care.

**~~32: Respite Care - Daily - deleted FY2003~~**

~~Unit of Service: 1 Day~~

**~~33: Community Supports - deleted FY2001~~**

~~Unit of Service: 1 Day~~

**34: SA Transitional**

Unit of Service: 1 Day(minimum of 8 hours, always count day of admission but not discharge day)

Definition: A residential program for substance abusers which provides an organized therapeutic environment where the primary focus is to assist the client in obtaining employment, which may involve vocational rehabilitation activities. The program may also provide other services, such as client education and counseling, to assist the client in maintaining an alcohol and drug free lifestyle.

**35: SA Residential**

Unit of Service: 1 Day (minimum of 8 hours, always count day of admission but not discharge day)

Definition: A residential service, post withdrawal, provided to persons with a primary or secondary diagnosis of alcohol or drug abuse or dependency. Services designed to reduce or eliminate alcohol or drug abuse behavior, and dependency. The service includes regular group and individual counseling and accessible supportive services such as education, vocational rehabilitation, self-help groups, medical, laboratory or legal services.

**36: SA Family Residential**

Unit of Service: 1 Day

Definition: Residential treatment, post withdrawal, which shall be provided to women with special focus for pregnant women and women with dependent children. Those women shall have a primary diagnosis of alcohol dependency or drug dependency. This service includes case management, regular group therapy, individual counseling, family education and counseling, parenting education, physical, sexual and emotional abuse education, and substance abuse education conducted by trained personnel under the supervision of a qualified professional. Specialized services for the dependent children shall be provided as a necessary component of treatment. Those services to children include a comprehensive individual assessment of the child's needs, childcare, public education, education on substance abuse, recreation and case management, and referral for appropriate mental health, mental retardation and developmental disabilities services.

**37: Specialized Personal Care Home Services**

Unit of Service: 1 Day

Definition: The care and support of persons which includes rehabilitation and treatment in a twenty-four (24) hour, seven (7) day week residential setting for individuals requiring a structured and supervised environment. Skill building as determined by residents goals and functional assessment and resident assistance in retaining the fullest possible control over their own lives to make choices concerning the activities in which they are involved as well as services culturally appropriate and based on a rehabilitation model are included.

Regions that operate specialized personal care homes should use this code. Currently, this includes Regions 6 (Center for Rehabilitation and Recovery), 12 (Caney Creek Rehabilitation Complex), and 15 (Bluegrass Personal Care Home). Services provided to residents of private personal care homes should be coded on the service provided (e.g., individual therapy)

**38: Residential Crisis Stabilization – MH Adult**  
definition revised for FY 2008

Unit of Service: 1 Day

Regions that currently operate residential crisis stabilization units for adults with a MH diagnosis should use this code. Regions providing overnight crisis stabilization in alternative settings (e.g., apartments, family care homes, emergency respite support) should also use this code.

Definition (**Adult MH**): Short-term mental health treatment, 24 hours per day, available seven days per week, in a structured therapeutic environment which provides treatment for an acute psychiatric crisis as a prevention of or step-down from inpatient treatment.

**39: Residential Crisis Stabilization - Child and Adolescent**

Unit of Service: 1 Day

Definition: Intensive, short-term, residential care for children in acute psychiatric distress in a community-based homelike setting. Services include assessment and evaluation, emergency intervention, and linkages with community resources.

Regions that currently operate residential crisis stabilization units for children should use this code. Regions lacking a crisis stabilization unit but providing overnight crisis stabilization in alternative settings (e.g., apartments, therapeutic foster care, group homes) should also use this code.

**40: Residential Support**

Unit of Service: 1 Day

Definition: Specialized on-site or off-site staff who provide support and/or supervision to residents of an agency owned and/or operated housing site or residential program.

Regions operating 24 hour per day residential programs in which on-site support (e.g., apartment manager, supervisory staff) is provided should use this code. This code is not to be used for support provided in a person's home or in other settings not operated by the agency.

**41: Detoxification (Non-medical)**

Unit of Service: 1 Day

Definition: Supervised management, in a 24 hour, non-medical facility, of physical and psychological withdrawal symptoms from a substance to which the individual has been addicted or abusing, and an assessment of the individual's need for further care and/or referral to appropriate resources.

**42: Detoxification (Medical)**

Unit of Service: 1 Day

Definition: Medically supervised management, utilizing a hospital, of physical and psychological withdrawal symptoms from a substance to which the individual has been addicted or abusing, and an assessment of the individual's need for further care and/or referral to appropriate resources. Daily physician over-site is required.

**43: Supported Housing**

Unit of Service: ¼ Hour

Definition: An array of activities and services designed to assist individuals to acquire and succeed in chosen housing situations. Activities revolve around choosing, getting and keeping regular housing in the community and may include accessing subsidies, locating suitable housing, negotiating leases, acquiring household items, moving into residences, and teaching housing related living skills.

Those regions operating a distinct "supported housing program" or that provide any supported housing services (except for targeted case management services) should use this code. This may include services provided by tenant-based rental assistance programs, homeownership programs, or less than 24 hour supports provided in regular, community housing settings. Services and supports provided in an agency-owned and/or agency-operated housing site or residential programs on a 24 hour per day basis should be code 40 (Residential Support).

**44: SA Family Transitional**

Unit of Service: 1 Day

Definition: Services provided to a substance abuser residing in an apartment with his/her dependent children. The primary focus of the services is to assist the client in maintaining an alcohol and drug free lifestyle while obtaining employment and establishing a safe and nurturing environment in which to care for the children. Services to the



adult client may include vocational rehabilitation, case management, parenting skill development, and client education and counseling. Services to the children may include a comprehensive assessment of the child's needs, childcare, public education, education on substance abuse and its prevention, recreation, case management, and referral for appropriate mental health, mental retardation, and developmental disability services.

**45: Peer Specialist Services Adult Mental Health – Individual**

Unit of Service ¼ Hour

**Definition:** Services provided by a Kentucky Peer Specialist (as defined in 908 KAR 2:220) to assist adults with serious mental illness (SMI) in achieving specific recovery goals defined by the individual client (consumer) as specified in the Individual Service Plan (ISP), and provided under the direct supervision of a Qualified Mental Health Professional (QMHP). All treatment interventions are planned and implemented in a partnership that occurs between the mental health consumer and their community mental health center (CMHC) treatment team members. These services may include:

- a. face-to-face interventions on an individual basis to provide structured, scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports, development and maintenance of community living skills, and management of symptoms.
- b. participation by the KPS, in partnership with the individual client, to formulate and review the comprehensive treatment plan.

**46: Peer Specialist Services Adult Mental Health – Group**

Unit of Service ¼ Hour

**Definition:** Services provided by a Kentucky Peer Specialist (as defined in 908 KAR 2:220) to assist adults with serious mental illness (SMI) in achieving specific recovery goals defined by the individual client (consumer) as specified in the Individual Service Plan (ISP), and provided under the direct supervision of a Qualified Mental Health Professional (QMHP). All treatment interventions are planned and implemented in a partnership that occurs between the mental health consumer and their community mental health center (CMHC) treatment team members. These services may include:

- c. face-to-face interventions on a group basis to provide structured, scheduled activities that promote socialization, recovery, self-advocacy, development of natural supports, development and maintenance of community living skills, and management of symptoms.
- d. participation by the KPS, in partnership with the individual client, to formulate and review the comprehensive treatment plan.

**50: Individual Therapy**

Unit of Service: ¼ Hour

**Definition:** A therapeutic service provided by a qualified professional other than a psychiatrist.

**51: Individual Therapy (Psychiatrist)**

Unit of Service: ¼ Hour

**Definition:** A therapeutic service provided by a psychiatrist.

**52: Group Therapy**

Unit of Service: ¼ Hour

**Definition:** Therapeutic service by a qualified professional provided to individuals in a group setting.

**53: Intensive Outpatient SA**

Unit of Service: ¼ Hour

Definition: A highly structured, intensive substance abuse rehabilitation program provided for individuals and their families who are experiencing problems related to alcohol or drug abuse or dependency. Includes assessment and diagnosis, education regarding dynamics of chemical dependency and co-dependency, individual counseling, group counseling, family education and structured recreational activities.

**54: Intensive Outpatient MH**

Unit of Service: ¼ Hour

Definition: A structured comprehensive behavioral health program of individual and group therapeutic activities provided in accordance with the recipient's collaborative service plan.

**60: Case Management Services Adult MH**

Unit of Service: 1 Month

Definition: Services provided by a qualified professional to assist adults with SMI in gaining needed medical, educational, social and other support services and may include:

- a. coordinating and arranging services identified in the clients individual service plan
- b. assisting client in accessing all needed services provided by a variety of agencies and other resources
- c. monitoring the clients progress through the full array of services
- d. performing advocacy activities on behalf of the client
- e. providing case consultation
- f. providing crisis assistance

**61: Case Management Services Children MH**

Unit of Service: 1 Month

Definition: Services provided by a qualified professional which assist children with SED and their families in gaining needed medical, educational, social, and other support services, including:

- a. assessing service needs, resources, child and family functioning
- b. facilitating development of interagency service plan
- c. coordinating services
- d. assisting in accessing needed services
- e. intervening in the environment to improve functioning of the child & family
- f. developing community resources
- g. performing advocacy activities
- h. providing crisis assistance
- i. consultation with other service providers
- j. establishing and maintaining current client records
- k. performing reassessment of clients needs

**62: Case Management - MR (formally Support Coordination - MR)**  
title changed FY2008

Unit of Service: 1 Month

Definition: Support Coordination means face-to-face and related contacts to make arrangements for activities which assure: the desires and needs of the individual are determined; the supports and services desired and needed by the individual are identified and implemented; housing and employment issues are addressed; social networks are developed; appointments and meetings are scheduled; a person-centered approach to planning is provided; informal and community supports are utilized; the quality of the supports and services as well as the health and safety of the individual are monitored; income/benefits are maximized based on need, activities are documented; and plans of supports/services are reviewed at such intervals as are indicated during planning. Support coordination will be a coordination, planning, and monitoring process and will not provide direct services.

**63: Case Management Services SA**

Unit of Service: ¼ Hour

Definition: Contact by a qualified professional or under the supervision of a qualified professional to assist the client in accessing or effectively utilizing health, social, or other supportive human services. Services may include:

- a. face-to-face or telephone contacts with or on behalf of a client
- b. service travel connected with a service to a client
- c. case consultation outside of the center
- d. assessment activities

**~~64: SA Pregnant Women Services NOS - Deleted FY 2001~~**

~~Unit of Service: ¼ Hour~~

**70: DUI Education Services**

Unit of Service: ¼ Hour

Definition: An education course approved by the Division of Substance Abuse which delivers information about alcohol and other drugs to increase awareness and knowledge about the risks of alcohol and drug use to develop skills to change client's attitude and behavior in relation to alcohol and other drug abuse.

**~~71: Consultation and Education— deleted FY2003~~**

~~Unit of Service: ¼ Hour~~

**72: MH Prevention**

Unit of Service: ¼ Hour

Definition: A comprehensive planned set of activities designed to increase knowledge and awareness of mental health among defined populations or to prevent maladjustment and maladaptation and to promote wellness through cognitive and emotional problem-solving and coping skills.

**73: Consultation**

Unit of Service: ¼ Hour

Definition: Interaction between an employee of the community mental health center, or a subcontractor of the center, with a representative of another organization or individual practitioner to assist in addressing issues of client care or program development/management. Routine meetings do not qualify as consultation.

**74: Outreach and Education**

Unit of Service: ¼ Hour

Definition: Activities directed toward consumer and family education and the improvement of community awareness and understanding of MH, MR, or SA issues and services.

**76: MH Non-Residential Crisis Response - new FY2008**

Unit of Service: ¼ Hour

Definition: This code should be used for both mobile and office-based crisis services for both adults and children.

**Mobile Crisis Services** are designed to provide community-based interventions and supports for those experiencing a mental health or behavioral health crisis. The intent is to provide crisis services at the client's location rather than requiring the client to leave his/her environment. The response may involve one or more staff members.

**Office-based Crisis Services** are designed to provide a face-to-face crisis intervention in a Community Mental Health Center outpatient clinical setting.

**Note:** Requires completion of field "Place of Service" SV105 (FAO-07).

**77: MR Adult Foster Care Home Residential Supports**

Unit of Service: 1 day

Definition: Residential supports provide twenty-four hour supervision and training in activities such as laundry, routine household care, self-care, shopping, money management, socialization, and leisure activities. Up to three individuals receiving waiver services can live in a residential setting.

An Adult Foster Care Home is a private home where up to three individuals over the age of 21 may live and is owned by the provider/family.

**78: MR Pre-Vocational Services**

Unit of Service: ¼ Hour

Definition: A service aimed at preparing an individual for paid or unpaid employment, but is not job-task oriented. Includes teaching such concepts as compliance, attendance, task completion, problem solving and safety. Provided to persons not expected to be able to join the general work force or participate in a transitional sheltered workshop within one year.

**79: Community Living Supports**  
definition updated for FY 2008

Unit of Service: ¼ hour

Definition: Facilitate independence and promote integration into the community for an individual residing in his home (i.e. not in a group home, family home, or staffed residence). Services are to be non medical in nature and not require nurse or physician care; not be provided at a adult day training or children's day habilitation site; not replace work or day activities; and will be provided on a one-to-one basis. Services include:

- 1) routine household care and maintenance
- 2) activities of daily living
- 3) personal hygiene
- 4) shopping
- 5) use money
- 6) medication management
- 7) socialization
- 8) relationship building
- 9) leisure choices
- 10) participation in generic community activities
- 11) therapeutic goals
- 12) not diversional in nature

**80: Social Club (Drop-in)**

Unit of Service: 1 Hour

Definition: A service to enable adults with severe mental illness to experience social acceptance, friendships and leisure activities with focus on personal growth through peer support and self-help.

Those Regions operating a distinct "social club (drop-in) program" should use this code. Typically, these programs are conducted in association with therapeutic rehabilitation programs and held after regular TRP hours. Some states identify "social club or drop-in centers" as a key component of peer support and, consistent with that model, recommend or require that programs be run by consumers. The Center for Mental Health Services defines this as "A social club offering peer support and flexible schedule of activities: may operate on evenings and/weekends."

**81: Active Day Training (formally Community Habilitation Services)**  
title changed FY2008

Unit of Service: ¼ Hour

Definition: Services that provide support, training, and intervention in the areas of self-care, sensory/motor development, daily living skills (including the use of money), communication, behavior support, community living and social skills.

Community habilitation services shall be provided in non-residential settings (this precludes providing this service in family homes, group homes, staffed residences or the individual's own home) and/or the community at large.

Community habilitation also may encompass a wide variety of "supports (for) individual participation in home and community life", including supports that enable an individual to:

- Participate in community projects, associations, clubs, groups and functions, such as support that assists an individual to participate as a volunteer in a typically non-paid position in community resources, associations, or community work project.
- Access and use community resources such as instruction using transportation, translator or communication assistance, and companion services to assist the individual in necessary activities of community life.

- Choose from a variety of ways to gain assistance and/or training needed to interact with his environment through expressive services such as dance, music, and art activities. These services are provided based on goals which are therapeutic rather than diversional in nature.

**82: In-home Support**

Unit of Service: ¼ Hour

Definition: Assisting the person with a disability in his own home. Includes in-home training and personal care provided to recipients living in non-specialized residential settings such as family homes or apartments. Services include live-in support person to provide support in areas of personal care, supervision (if needed) and home management on a live-in basis.

**83: Early Intervention/First Steps**

Unit of Service: ¼ Hour

Definition: Developmental experiences, training, education and therapy provided to children ages birth through two (2) with developmental delay or conditions (and their families) that are likely to cause delay. Services address needs identified in one or more of the skill areas that include cognitive, communication, physical, social or emotional and adaptive. And may include developmental intervention services, occupational therapy services, physical therapy, communication development services and sensory development services.

\*\*\* This covers all KEIS Services \*\*\*

**84: Behavior Support**

example removed FY2008

Unit of Service: ¼ Hour

Definition: Behavior support is the use of a planned systematic application of techniques and methods to influence/change behavior in a desired way. It is based on the belief that behaviors are learned and are maintained because of their consequence. The techniques are used to increase positive behavior and decrease undesirable behaviors. The maladaptive or problem behavior is to be replaced with behaviors that are adaptive and appropriate. Behavior support activities include evaluation of the individual's behavior including a functional assessment, development of a behavioral support plan, training staff regarding implementing the behavior plan and monitoring the individual's progress for needed plan revisions.

Problem behaviors necessitating the use of behavior support are those which:

1. are a danger to the person or others;
2. result in damage to property; or
3. interfere with the educational/developmental programs or interfere with the acceptance/integration into community activities.

All programming and activities shall be designed to equip the individual to communicate his needs and to participate in age appropriate activities. Behavior support programs developed by the behavior specialist shall be implemented by provider staff of other program areas in all relevant environments and activities. ~~For example, a community habilitation provider may implement planned interventions during an individual's community habilitation program.~~

**85: Supported Employment (MH/MR)**

Unit of Service: ¼ Hour

**Definition:** Paid work in a variety of integrated settings. Support and assistance are provided in accessing and maintaining employment. Includes individual assessment, development of a vocational profile, job development, job placement, on-site job coaching or training in work and work-related skills, on-going supervision and monitoring of work performance, support to assure job retention, support and training in developing interpersonal skills, use of community supports and generic services essential to obtaining and retaining employment.

Those Regions operating a distinct “supported employment program” should use this code. The Center for Mental Health Services defines this as “supportive services that include assisting individuals in finding work; assessing individuals’ skills, attitudes, behaviors, and interest relevant to work; providing vocational rehabilitation and/or other training; and providing work opportunities. Includes transitional and supported employment services.”

**86: Leisure**

Unit of Service: ¼ Hour

**Definition:** Training for leisure skills development and participation in leisure activities for person with MR or DD, to provide an opportunity to interact with persons who are not disabled and to enhance acceptance as members of the community.

**87: Occupational Therapy**

Unit of Service: ¼ Hour

**Definition:** Occupational therapy includes duties such as: (1) assisting the physician in his evaluation of the individual’s level of functioning by applying diagnostic and prognostic tests; (2) guiding the individual in his use of therapeutic, creative, and self-care activities for improving function.

**88: Physical Therapy**

Unit of Service: ¼ Hour

**Definition:** Physical therapy includes services such as: (1) assisting the physician in his evaluation of the individual’s level of functioning by applying muscle, nerve, joint, and functional ability tests; (2) treating individuals to relieve pain, develop and restore functions, and maintain maximum performance, using physical means such as exercise, massage, heat, water, light, and electricity.

**89: Speech Therapy**

Unit of Service: ¼ Hour

**Definition:** Speech therapy includes services such as: (1) evaluation of individuals with speech or language disorders; (2) determination and recommendation of appropriate speech services; (3) provision of necessary habilitative services for individuals with speech and language disabilities.

**90: PASRR Specialized Services**

Unit of Service: 1 Service

Definition: The continuous and consistent implementation of training and related services which are comparable to services received in an ICF/MR or in a community-based waiver program where 24-hour supervision is available and are directed toward skills acquisition, maintenance of functional status, and the implementation of specified goals and objectives as determined through a person-centered planning process.

**91: MR Crisis Prevention**

title revised ("and" removed) for FY 2008

Unit of Service: ¼ hour

Definition: Individuals in crisis are defined as being at risk of losing the supports they need to remain in the community. These supports may include but are not limited to the following:

- Person-centered planning and facilitation support to determine current and preferred lifestyles as related to a behavior change
- Functional analysis
- Behavioral analysis
- Environmental assessment, ~~may include temporary residential/respite placement~~ – deleted 2003
- Development of behavior intervention strategies (behavior support plan)
- Periodic assessment to analyze progress and establish activities for continued follow through
- Training of staff to implement behavioral strategies

Note: For services or items purchased for individuals in crisis refer to definitions 24 – Miscellaneous Services Purchased and 25 – Miscellaneous Goods Purchased.

**92: ~~MR Individual Supports – deleted FY2003~~**

Unit of Service: ~~1 Service~~

**93: ~~MR Residential Supports – deleted in FY2006~~**

Unit of Service: ~~1 Day~~

**94: PASRR Specialized Goods Purchased**

Unit of Service: 1 purchase

Definition: Tangible item purchased for maintenance of functional status or for the implementation of specific goals or objectives determined through person-centered planning process.

**95: MR Group Home Residential Supports**

Unit of Service: 1 day

Definition: Residential supports provide twenty-four hour supervision and training in activities such as laundry, routine household care, self-care, shopping, money management, socialization, and leisure activities. Up to three individuals receiving waiver services can live in a residential setting.

Group Home services provide residential training to facilitate independence for four to eight persons with mental retardation or developmental disabilities who require assistance with the acquisition, retention, or improvement of



skills related to activities of daily life. The group home shall meet all regulations as promulgated by 902 KAR 20:078, which provides the licensure requirements for the operation of group homes and the services provided.

**96: MR Family Home Residential Supports**

Unit of Service: 1 day

Definition: Residential supports provide twenty-four hour supervision and training in activities such as laundry, routine household care, self-care, shopping, money management, socialization, and leisure activities. Up to three individuals receiving waiver services can live in a residential setting.

A Family Home is a private residence where up to three individuals may reside and is owned by the provider/family.

**97: MR Staffed Residence Residential Supports**

Unit of Service: 1 day

Definition: Residential supports provide twenty-four hour supervision and training in activities such as laundry, routine household care, self-care, shopping, money management, socialization, and leisure activities. Up to three individuals receiving waiver services can live in a residential setting.

A Staffed Residence is a home rented or owned by the provider agency where up to three individuals may live.

**98: Unknown / Not Collected**

**99: Other Non-DMHMRS service specified in FA0-9**

Unit of Service: N/A